

Name of Person Filing: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self, Without a Lawyer or
 Attorney for ☐ Petitioner or ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

(Name of Petitioner)

Case Number: _____

and

ANSWER TO PETITION FOR PATERNITY, CHILD CUSTODY, CHILD SUPPORT and PARENTING TIME ("Visitation")

(Name of Respondent)

General Information:

1. INFORMATION ABOUT THE OTHER PARTY, THE PLAINTIFF

Name: _____
 Address: _____
 County of residence: _____
 Date of Birth: _____ Social Security Number: _____
 Occupation or Job Title: _____
 Relationship to children for whom the paternity order is requested:
☐ Mother ☐ Claims to be the Father ☐ Is a court-appointed guardian, conservator
 or "best friend" for the child(ren)

2. INFORMATION ABOUT ME, THE DEFENDANT

Name: _____
 Address: _____
 County of residence: _____
 Date of Birth: _____ Social Security Number: _____
 Occupation or Job Title: _____
 Relationship to children for whom the paternity order is requested:
☐ Mother ☐ Claims to be the Father ☐ I am the court-appointed guardian,
 conservator or "best friend" for the child(ren)

3. INFORMATION ABOUT THE CHILDREN is contained in the Affidavit of Minor Children filed with the Petition or in the Petition itself and incorporated by reference.

Statements about Paternity:

4. WHY YOU THINK YOU OR THE OTHER PERSON IS NOT THE FATHER OF THE CHILD(REN): (Check all boxes that apply)

- A. ☐ **AFFIDAVIT:** Plaintiff and Defendant **did not sign** an Affidavit or Acknowledgment of Paternity acknowledging that ☐ Plaintiff or ☐ Defendant is the child(ren)'s natural father.
- B. ☐ **BIRTH CERTIFICATE:** _____ is not named as the natural father on the child(ren)'s birth certificate(s), or a father by the name of _____ is named on the children's birth certificates.
- C. ☐ **BLOOD TEST:** The parties had DNA (Deoxyribonucleic Acid) Testing and _____ (name of father) is shown not to be the child(ren)'s natural father. A copy is attached to this Answer.
- D. ☐ **PARTIES NOT LIVING TOGETHER:** Plaintiff and Defendant were not married to each other at any time during the ten months before the birth of the child(ren). The parties did not live together during the period(s) when the child(ren) could have been conceived.
- E. ☐ **NO SEXUAL INTERCOURSE:** Plaintiff and Defendant were not living together and did not have sexual intercourse at the probable date of conception of the child(ren).
- F. ☐ **SEXUAL INTERCOURSE:** The mother of the children had sexual intercourse with someone else during the period in which the child(ren) could have been conceived.
- G. **OTHER** (explain)

5. ABOUT MARRIAGE AND HUSBAND (if applicable, check one box only).

- ☐ Mother **was not married** at the time the child(ren) were born or conceived or at least 10 months before child(ren) were born or conceived, **OR**
- ☐ Mother **was married** when child(ren) were born or conceived or at least 10 months before the child(ren) were born or conceived, but husband is not the father of child(ren). (Husband must be included as a party to this court case because of marriage.)

6. SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE PLAINTIFF ASKED FOR IN THE COMPLAINT: (Summarize what is different between what you say about the children, and what the other party said in the Complaint.)

Other Statements to the Court:

7. **MEDICAL EXPENSES:** (Check the applicable boxes)
☐ **There are** OR ☐ **There are not** unreimbursed medical expenses incurred by the mother, resulting from the birth of the minor child(ren). If there are, these costs and expenses should be awarded to ☐ Plaintiff OR ☐ Defendant according to law.
8. **OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor child(ren), in proportion to their respective incomes.
9. **DOMESTIC VIOLENCE:** (Check the correct box if you are asking for joint custody.)
Significant domestic violence ☐ has or ☐ has not occurred between the parties.
10. **VENUE:** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the Plaintiff or the Defendant or the child(ren).
11. **GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

Requests I make to the court in this lawsuit:

1. **PATERNITY:**
Order that (name of father) _____ **is not the natural father** of the minor child(ren);

Order that (name of father) _____ **is the natural father** of the minor child(ren).

IN THE EVENT THE COURT ORDERS THAT (name) _____
IS THE NATURAL FATHER, THEN THE COURT SHOULD ALSO ORDER AS
FOLLOWS:
2. **BIRTH CERTIFICATE:** (check the box and complete this sentence if you want this):
☐ Order that (name of father) _____ name be added to each child's birth certificate;
3. **LAST NAME:** (check the box and complete this sentence if you want this):
☐ Order that each child's last name be changed to the last name of _____;
4. **CUSTODY AND PARENTING TIME OF CHILDREN:** (check the box and complete A or B). Order that:

A. ☐ **SOLE CUSTODY:** Sole custody of the minor child(ren) be awarded to _____ subject to parenting time as follows:

1. ☐ **Reasonable parenting time rights** to the parent who does not have custody, as will be described in a Parenting Plan attached to the Final Order. OR
2. ☐ **Supervised parenting time** between the children and the other party is in the best interests of the children because (explain here reasons for supervision or no parenting time): _____

 i. Person to supervise: _____
 ii. Requested restrictions on parenting time: (explain here) _____

 iii. The cost of supervised parenting time shall be paid by ☐ the parent being supervised; ☐ the parent having custody; ☐ shared equally by the parties. OR
3. ☐ **No parenting time rights** to the parent who does not have custody is in the best interests of the child(ren) for the following reasons: _____

OR

- B. ☐ **JOINT CUSTODY:** Plaintiff and Defendant agree to act as joint custodians of the children, as set forth in the Joint Custody Agreement in the Parenting Plan by the parties, signed by both parties. There have been no significant acts of domestic violence by either parent.
5. **CHILD SUPPORT:** Order that child support be paid by ☐ Plaintiff OR ☐ Defendant in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines, payable on the first day of each month, beginning the first day of the month following the signing of the final order. These payments, and a handling fee, shall be paid through the Support Payment/Clearinghouse and collected by automatic wage assignment. Costs for past child support and care for child(ren) in the amount of \$ _____ to be paid by ☐ Plaintiff OR ☐ Defendant in the amount of \$ _____ each month until paid in full.
6. **EXPENSES OF MOTHER:** Order that ☐ Plaintiff OR ☐ Defendant pay a reasonable amount to cover unreimbursed expenses incurred by the mother related to the birth of the child(ren).

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7. **HEALTH, MEDICAL AND DENTAL INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN:** Order that ☐ Plaintiff or ☐ Defendant pay for health, medical, dental insurance coverage for the children under the age of 18 years, and that the Plaintiff and Defendant shall pay for all reasonable unreimbursed medical, dental, health-related expenses incurred for the child(ren) in proportion to their respective incomes as described on the Parents' Worksheet, which shall be submitted with the Judgment and Order.
8. **TESTING and COSTS:** Order that if paternity is contested, Plaintiff and Defendant be ordered to submit to such blood and tissue tests as may be necessary by this Court to establish paternity. And, that the other party pay all costs and expenses of this lawsuit under Arizona law, A.R.S. 25-809, including blood tests or other genetic testing; filing each child's birth certificate, attorney's fees and court costs;
9. **OTHER ORDERS I AM REQUESTING** (explain request here): _____

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

Sworn to or Affirmed before me this:

(date)

by _____

My Commission Expires: _____

Deputy Clerk or Notary Public

I promise that I mailed a copy of my Answer/Response to the other party on: _____

(Month, Day, Year)

Name of Person who mailed Answer/Response